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## **#FO2273287**

### **INVESTIGATOR'S LOG**

### **SUPERVISOR'S REPORT ON USE OF FORCE**

### **INVESTIGATIVE SUMMARY**

### **TRANSCRIBED INTERVIEWS**

- IAB #1 interview of Deputy Ryan Morejon
- IAB #2 interview of Deputy Ryan Morejon
- IAB#1 interview of Deputy Michael Rathbun
- IAB#2 interview of Deputy Michael Rathbun
- IAB interview of Sergeant John Sagardia
- IRC's Sergeant Kurtis Ebbinga's interview of Witness Inmate [REDACTED]
- IRC Watch Commander interview of Suspect Stanley Bell
- IAB interview #1 of Suspect/Inmate Stanley Bell
- IAB interview #2 of Suspect/Inmate Stanley Bell

### **EXHIBITS**

- A - Copy of Employee's Use of Force Memorandum under IRC Reference #5120-2010-0831-106 by Deputy Ryan Morejon.
- B - Sketch of scene as depicted by Deputy Ryan Morejon.
- C - Copy of Deputy Ryan Morejon's Training Records.
- D - Copy of Employee's Use of Force Memorandum under IRC Reference #5120-2010-0831-106 by Deputy Michael Rathbun.
- E - Sketch of scene as depicted by Deputy Michael Rathbun.
- F - Copy of Deputy Michael Rathbun's Training Records.
- G - Copy of Employee's Use of Force Memorandum under IRC Reference #5120-2010-0831-106 by Sergeant John Sagardia.
- H - Sketch of scene as depicted by Sergeant John Sagardia.
- I - Copy of Inmate Information for Suspect/Inmate Stanley Bell.
- J - Copy of CCHRS/CII for Suspect/Inmate Stanley Bell.
- K - Copy of Inmate Injury report for Suspect/Inmate Stanley Bell.
- L - DVD containing interview of Suspect/Inmate Stanley Bell.
- M - DVD containing interview of potential witnesses.

### **MISCELLANEOUS DOCUMENTS**

- PM Shift In-service dated 08/31/10
- Signed Admonition Forms for: Deputies Morejon and Rathbun, and Sergeant Sagardia.

# Los Angeles County Sheriff's Department

## Supervisor's Report on Use of Force

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Incident Information										
URN: 5 1 2 - 0 2 0 1 0 - 0 8 3 1 - 1 0 6					Date: 8/31/11		Time: 2110 hours			
Location:		450 Bauchet Street			City or Station:		Los Angeles			
Bureau/Station/Facility:		Correctional Services Division / IRC			Admin. Investigation:		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
Type of Force:		Significant (Take-down, personal weapons, and O.C. Spray) - Fractured Jaw								
Deputy Injury: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		Suspect Injury: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>								
<input type="checkbox"/> Call		<input checked="" type="checkbox"/> Observation		<input type="checkbox"/> Detail		<input type="checkbox"/> Foot Pursuit		<input type="checkbox"/> Vehicle Pursuit		
IAB Notified: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		Person Notified: Lt. Stefanie Fredericks		Emp: [REDACTED]		IAB Roll Out: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				
Involved Employee										
E1	Employee # [REDACTED]		Last Name: Morejon		First Name: Ryan		Middle Name: M.			
	Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		Race: H		Unit of Assignment: IRC		Work Assignment (Unit #, Module, etc.): Booking Front			
	Shift: <input type="checkbox"/> EM <input type="checkbox"/> Day <input checked="" type="checkbox"/> PM		<input checked="" type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty		Age: [REDACTED]		Height: 5' 10"		Weight: 230	
	<input checked="" type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted		Hospital: [REDACTED]		Coroner Case #		Directed Force <input type="checkbox"/>		Significant Force <input checked="" type="checkbox"/>	
E2	Employee # [REDACTED]		Last Name: Rathbun		First Name: Michael		Middle Name: C.			
	Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female		Race: W		Unit of Assignment: IRC		Work Assignment (Unit #, Module, etc.): Booking Front			
	Shift: <input type="checkbox"/> EM <input type="checkbox"/> Day <input checked="" type="checkbox"/> PM		<input checked="" type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty		Age: [REDACTED]		Height: 5' 10"		Weight: 170	
	<input type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted		Hospital: [REDACTED]		Coroner Case #		Directed Force <input type="checkbox"/>		Significant Force <input checked="" type="checkbox"/>	
E	Employee # [REDACTED]		Last Name: [REDACTED]		First Name: [REDACTED]		Middle Name: [REDACTED]			
	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		Race: [REDACTED]		Unit of Assignment: [REDACTED]		Work Assignment (Unit #, Module, etc.): [REDACTED]			
	Shift: <input type="checkbox"/> EM <input type="checkbox"/> Day <input type="checkbox"/> PM		<input type="checkbox"/> Regular Shift <input type="checkbox"/> OT Shift <input type="checkbox"/> Off Duty		Age: [REDACTED]		Height: [REDACTED]		Weight: [REDACTED]	
	<input type="checkbox"/> Injured <input type="checkbox"/> Treated <input type="checkbox"/> Admitted		Hospital: [REDACTED]		Coroner Case #		Directed Force <input type="checkbox"/>		Significant Force <input type="checkbox"/>	
Additional Involved Employees										
On Duty Supervisor										
Emp. # [REDACTED]		Last Name: Sagardia		First Name: John		Middle Name: R.		Rank: Sgt. YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		Present: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
Emp. # [REDACTED]		Last Name: Ebbinga		First Name: Kurtis		Middle Name: H.		Rank: Sgt. YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		Present: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
Watch Sergeant										
Emp. # [REDACTED]		Last Name: [REDACTED]		First Name: [REDACTED]		Middle Name: [REDACTED]				
Watch Commander										
Emp. # [REDACTED]		Last Name: Libertone		First Name: Patrick		Middle Name: L.				

Patrick L. Libertone		Watch Commander's Signature: [REDACTED]		Emp #: [REDACTED]		Date: [REDACTED]	
Dinah L. Grote		Supervisor Completing Form: (Print Name)		Emp #: [REDACTED]		Copy Provided to Employee by: [REDACTED]	
Chuck Antuna		Unit Commander (Print Name)		Unit Commander's Signature: [REDACTED]		Emp #: [REDACTED]	
Unit Commander (Print Name)		Unit Commander's Signature: [REDACTED]		Emp #: [REDACTED]		Date: [REDACTED]	
DISCOVERY Use Only		FO# 2273287		Original: Discovery Unit		Copy: Unit Commander	

**Supervisor's Report on Use of Force**  
**EMPLOYEE / NON-EMPLOYEE INFORMATION**  
**512 - 02010 - 0831 - 106**

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**Employee Witnesses**

Emp. #	Last Name	First Name	Middle Name
	Sagardia	John	R.
Emp. #	Last Name	First Name	Middle Name
Emp. #	Last Name	First Name	Middle Name
Emp. #	Last Name	First Name	Middle Name
Emp. #	Last Name	First Name	Middle Name
Emp. #	Last Name	First Name	Middle Name

**Non-Employee Witnesses**

Last Name	First Name	Middle Name	Age	D.O.B.
			40	
Street Address		City	Zip Code	Work Ph. Home Ph.
Former Inmate - Booking #				
Last Name	First Name	Middle Name	Age	D.O.B.
Street Address		City	Zip Code	Work Ph. Home Ph.
Last Name	First Name	Middle Name	Age	D.O.B.
Street Address		City	Zip Code	Work Ph. Home Ph.
Last Name	First Name	Middle Name	Age	D.O.B.
Street Address		City	Zip Code	Work Ph. Home Ph.
Last Name	First Name	Middle Name	Age	D.O.B.
Street Address		City	Zip Code	Work Ph. Home Ph.
Last Name	First Name	Middle Name	Age	D.O.B.
Street Address		City	Zip Code	Work Ph. Home Ph.
Last Name	First Name	Middle Name	Age	D.O.B.
Street Address		City	Zip Code	Work Ph. Home Ph.
Last Name	First Name	Middle Name	Age	D.O.B.
Street Address		City	Zip Code	Work Ph. Home Ph.
Last Name	First Name	Middle Name	Age	D.O.B.
Street Address		City	Zip Code	Work Ph. Home Ph.

☐ Additional Witness

# Supervisor's Report on Use of Force SUSPECT INFORMATION

5 1 2 - 0 2 0 1 0 - 0 8 3 1 - 1 0 6

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**S** 1

Suspect Information									
Last Name		Bell		First Name		Stanley		Middle Name	
AKA Last Name		Bishop		First Name		Christian		Middle Name Blair	
Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female	Race: B	Street Address:			City:		State & Zip Code:		
Work Phone:	Home Phone:	Age: 26	Height: 5' 11"	D.O.B. 07/06/84	Weight: 210	Armed? <input type="checkbox"/>			
Booking #: 2458901		Primary Charge Code:		Secondary Charge Code:		Criminal History			
EMT in attendance? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Name: _____ Unit: _____ Phone #: _____									
Hospital Admission? <input checked="" type="checkbox"/> Rec'd Treatment At: LAC-USC Medical Center Coroner Case #: _____ Mental History <input type="checkbox"/>									
By Doctor: Dr. Sporty Address: 1200 North State Street, Los Angeles Phone #: (213) 226-6118									
Under Influence: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Substance: _____ Mental Illness <input type="checkbox"/>									

**S**   

Suspect Information									
Last Name				First Name				Middle Name	
AKA Last Name				First Name				Middle Name	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race:	Street Address:			City:		State & Zip Code:		
Work Phone:	Home Phone:	Age:	Height:	D.O.B.	Weight:	Armed? <input type="checkbox"/>			
Booking #:		Primary Charge Code:		Secondary Charge Code:		Criminal History <input type="checkbox"/>			
EMT in attendance? <input type="checkbox"/> YES <input type="checkbox"/> NO Name: _____ Unit: _____ Phone #: _____									
Hospital Admission? <input type="checkbox"/> Rec'd Treatment At: _____ Coroner Case #: _____ Mental History <input type="checkbox"/>									
By Doctor: _____ Address: _____ Phone #: _____									
Under Influence: <input type="checkbox"/> YES <input type="checkbox"/> NO Substance: _____ Mental Illness: <input type="checkbox"/>									

**S**   

Suspect Information									
Last Name				First Name				Middle Name	
AKA Last Name				First Name				Middle Name	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race:	Street Address:			City:		State & Zip Code:		
Work Phone:	Home Phone:	Age:	Height:	D.O.B.	Weight:	Armed? <input type="checkbox"/>			
Booking #:		Primary Charge Code:		Secondary Charge Code:		Criminal History <input type="checkbox"/>			
EMT in attendance? <input type="checkbox"/> YES <input type="checkbox"/> NO Name: _____ Unit: _____ Phone #: _____									
Hospital Admission? <input type="checkbox"/> Rec'd Treatment At: _____ Coroner Case #: _____ Mental History <input type="checkbox"/>									
By Doctor: _____ Address: _____ Phone #: _____									
Under Influence: <input type="checkbox"/> YES <input type="checkbox"/> NO Substance: _____ Mental Illness <input type="checkbox"/>									

**5 1 2 - 0 2 0 1 0 - 0 8 3 1 - 1 0 6**